(1) PLACE OF BIRTH CERTIFICATE OF BIRTH <sup>°</sup>File No.—For State Registrar Only STATE OF SOUTH CAROLINA. 41353 Bureau of Vital Statistics State Board of Health Township Registration District No-Registered No. Town (For use of Local Reistrar) City of give name of same instead of street and number.) If child is not yet named, make supplemental report as directed Full Name of Child child, ĸ BOY OR JUTE (4) Twin Number in (7) DATE OF (3) order of birth Parents or Triplet? GIRL? ench Married? To be answered only in event of Iwins or Triplets (Name of Month) (Day) FATHER. NAME BEFORE MARRIAGE SEPARATE BLANK OTHER, No. 2, etc., 1 PRESENT PRESENT POSTOFFICE OF FATHER (9) POSTOFFICE OF MOTHER AGE AT LAST BIRTHDAY — COLOR (10) COLOR OR RACE OR RACE (Years) (Years) (18) BIRTHPLACE (12) BIRTHPLACE SHILE (19) OCCUPATION ¢ (13) OCCUPATION TRIPLETS ADING Ko. (21) Number of children of this mother (20) Number of children born to now living, including present birth mother, including present birth CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* (22) I hereby certify that I attended the birth of this child, who was OR (Born alive or stillporn on the date above stated. (23) (Signature) TWINS (24) State whether Physician or Midwife of Physician or Midwife 7 Given name added from a supplemental report case (26) Witness (Signature of Witness necessary only when question 23 is signed by marl ., 191.... Local Registrar. Registrar When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even ence, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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